

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 DRUG CONTROL DIVISION
 COMMISSION OF PHARMACY
 Telephone: (860) 713-6070
 Web Site: www.ct.gov/dcp



For Official Use Only

APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order in the amount of \$50.00**, made payable to: "Treasurer, State of Connecticut". **Application fees are non-refundable.** Annual Expiration March 31st, non-transferable or prorated.

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Name of Applicant (First Name, Middle Initial, Last Name)			
Applicant's Street Address		City or Town	State Zip Code
Telephone Number (w/ area code)	Date of Birth	Social Security Number	Email Address
Has the applicant ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a statement providing the date(s) of conviction(s), the court(s) where the cases were decided and a description of the circumstances relating to each conviction(s).			
Name of Licensed Pharmacy/Institution where Employed			
Pharmacy/Institution Street Address		City or Town	State Zip Code

The Commission of Pharmacy must be informed of any changes in name or home address within five (5) days of such change

<u>To be completed by Pharmacist Manager of Licensed or Institutional Pharmacy</u>	
This is to certify that _____ has completed training as a pharmacy technician in accordance with Connecticut General Statutes Section 20-598a.	
Certified By: _____ Print Name of Pharmacist Manager	_____ Pharmacist Manager License Number _____ Signature of Pharmacist Manager

I solemnly swear that the information contained herein is true and correct to the best of my knowledge, and I am aware that my pharmacy technician registration may be suspended or revoked if I violate any pharmacy laws, rules or regulations, or any provision of the Connecticut Commission of Pharmacy Code of Ethics, and hereby affix my signature as acknowledgment and agreement of such terms

 Signature of Pharmacy Technician

 Date